

Town of Spencer 90 N West Street Spencer, Indiana 47460 Phone (812) 829-3213

Permit No.:	

SOLICITORS APPLICATION FOR PERMIT

Fee: \$25.00

I. APPLICANT INFORMATION				
Name: Phone No.:		Phone No.:		
			_	
Address:		//		
City:	State:	Zip:		
Employer/Entity/Organization you are r	epresenting:	Phone No.:		
Address:		1		
City:	State:	Zip:		
,				
Nature of the products or services offer	ed:			
Proposed method of operation within the	e Town of Spencer:			
II. PERSON(S) AFFILIATED				
<u> </u>	all person(s) affiliated with your request	ed activities		
Name:	, , , , , , , , , , , , , , , , , , ,			
Employers Name, Address, and Phone No., if different than above:				
			Attach a copy of picture I.D.	
Nature of products or services offered,	if different than above:		here	
Signature of affiliated person:				
Name:				
Traine.				
Employers Name, Address, and Phone	No. if different than above:			
Employers Name, Address, and Fholie	140., ii dili Gigit tilali above.		Attach a	
Natura of products or convices offered	if different then above		copy of picture I.D. here	
Nature of products or services offered, if different than above:			Hele	
Signature of affiliated person:				

PERSON(S) AFFILIATED CONT.	
Name:	
Employers Name, Address, and Phone No., if different than above:	Attach a copy of picture I.D.
Nature of products or services offered, if different than above:	here
Signature of affiliated person:	
Name:	
Employers Name, Address, and Phone No., if different than above:	Attach a copy of picture I.D.
Nature of products or services offered, if different than above:	here
Signature of affiliated person:	
Name:	
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Nature of products or services offered, if different than above:	here
Signature of affiliated person:	
Name:	
Employers Name, Address, and Phone No., if different than above:	Attach a copy of picture I.D.
Nature of products or services offered, if different than above:	here
Signature of affiliated person:	

Applicant Signature:	_	Date:
Printed Name:	Title:	
Frinted Name.	riue.	